New Behavioral Health Facility Study Committee
Final Report

The Milwaukee County Board of Supervisors adopted a resolution (File No. 10-322) in November, 2010, forming a Special Committee of Milwaukee County Supervisors, appointed by the Chairman of the Board, to examine the merits of locating some BHD functions at sites other than the County Grounds, BHD space needs, and possible locations on the County Grounds for a new facility. The resolution called for the Special Committee to submit their final report no later than June 1, 2011. This report, prepared by the New Behavioral Health Facility Study Committee, seeks to fulfill the directives outlined in that resolution. Each directive the special committee was to work on is described in detail below. A summary of the committee's meetings is also included, see Attachment 2.

On May 26, 2011 the Milwaukee County Board of Supervisors adopted an amended resolution (File No. 11-197/11-23) which extended the reporting deadline from June 1, 2011 to July 15, 2011 with the opportunity for an extension should additional time be needed, and requested by the chair of the committee. This resolution, among other things, directed that the New Behavioral Health Facility Study Committee shall direct the Department of Health and Human Services to return with an RFP for review and approval within 30 days following passage of the resolution by the County Board. On June 8, 2011 a memo from County Board Chief of Staff, Terrence Cooley, clarified the final *Resolved* clause to mean 30 days after passage of a resolution to implement the recommendations of the committee report.

As the committee worked toward fulfilling the directives of the initial resolution, it became clear that making a final recommendation as to the size and design of constructing a new facility on the county grounds would require careful consideration of all of the recommendations included in the various other reports that have been issued thus far as well as recommendations from the Community Advisory Board.

Based on the recommendations from the reports that have been issued to date, the committee agrees that the new mental health facility regardless of size must include the following:

a. An intensive treatment unit for the most acute patients that pose a safety threat to themselves, other patients and hospital staff as outlined in the Patient Safety Audit released in October 2010 by the Department of Audit.
b. A segregated female gender unit in order to be able to offer patients the option of staying in a segregated environment while they are receiving care at the hospital as discussed in the Mixed Gender Patient Care Units Study prepared by BHD staff.
c. All of the recommendations of the Sheriff Site Safety Audit.

As this report points out in the information provided, pinpointing the exact size of a new hospital at this point in time is difficult, but the committee firmly believes that the current 280 bed facility is too large and is creating a model of care that is financially unsustainable. In order to better meet the needs of the clients, the committee recommends a significant downsizing of the county run facility and shifting emphasis to a less costly model of care in the community. This action will make for a more efficient use of the money being spent by the county on mental healthcare allowing for a much needed expansion of services aimed at reducing the county's unusually high level of emergency care.

Task 1: Examine current and potential operating revenues and evaluate the merits of locating some functions of BHD, such as nursing home and outpatient services, at sites other than the County Grounds in a manner that is more integrated with the community and perhaps more cost effective.

Almost immediately upon completion of construction for Milwaukee County's current mental health hospital on the county grounds, the preferred model for delivery of care drastically changed. At the time the facility was built, mental healthcare was believed to be best administered in large institutional settings where the patients were isolated from society. Since that time, industry best practices have evolved and completely reversed on how and where mental healthcare is best administered.

Today, experts in the field of mental healthcare believe that treating patients in the community where they can be surrounded by family and friends rather than having them sequestered in large, impersonal settings is more therapeutic and achieves better results.

The Human Services Research Institute report, *Transforming the Adult Mental Health Care Delivery System in Milwaukee County,* (HSRI) recommends that the county transition from its present service delivery model which includes the operation of a large institution to smaller facilities located around the county. HSRI also recommends that Milwaukee County take steps to greatly increase outpatient services in the community. Giving clients other options for treatment would lessen their dependency on the BHD facility. Based on quarterly updates from the Community Advisory Board, the Facility Committee feels it is safe to assume that their report will concur with these HSRI recommendations. The New Behavioral Health Facility Study Committee agrees with these recommendations as well (at the March 15, 2011 Facility Committee meeting, the committee approved a motion, 5-0, to adopt the HSRI Study as the committee's framework for an overall health care plan model).

Over the course of our meeting timeline, our committee received testimony from numerous community providers all of which either directly or indirectly currently provide mental health services to Milwaukee County clients. The recurring theme we heard from each of these service

providers is that they are capable and willing to expand capacity and services provided to county clients. This information is noteworthy because it dispels the often held belief that Milwaukee County "must" provide all of these services itself because the private sector is unwilling to do so. However, the willingness of private providers to commit to expansion is dependent upon assurances that a stable funding source will be available. The committee believes that while the county should be viewed as the last payer of resort, the Board must commit to properly funding mental health services as they are transitioned from being county-provided to community-provided. We recommend that the county continue funding BHD at current levels at least for the foreseeable future.

The HSRI report further suggests that the county may need to actually increase spending on mental healthcare in order to build up treatment capacity in the community before any downsizing or shifting of services from BHD to private providers could occur. The committee is concerned that given the county's present fiscal constraints, and the fact that further pressure is likely to occur on already strained financial resources as a result of the next state budget, funding streams for individuals or programs may be difficult to increase. As a result we believe that the buildup of capacity in the community must be simultaneous with the drawdown of county provided services.

In order for this simultaneous transfer to be successful, careful detail-oriented planning must be done to prevent any gap in services from occurring that could lead to patients falling through the cracks.

In order to insure that adequate levels of service remain available to our clients during this transition period, the committee recommends that a clear public/private partnership between BHD and the community providers be in place. This element is critical to enable BHD to seamlessly shift from a provider of services to a purchaser of services where possible.

The County Board recently passed a resolution (File No. 11-173/11-284) forming the Mental Health Redesign Task Force to coordinate recommendations from:

- The Community Advisory Board
- New Behavioral Health Facility Study Committee
- Chairman Holloway's Mental Health Pilot Project
- HSRI Report
- Dept. of Audit Patient Safety Audit
- Sheriff Site Safety Report
- Mixed Gender Unit Study
- 2011 Budget Initiatives (Hilltop downsizing planning, crisis capacity study, and 1915i)

The purpose of this task force is to create a data-driven implementation plan to integrate mental healthcare into the community.

The committee believes it is important to include all stakeholders in this process and recommends that the task force members include BHD staff, community providers, community advocates and consumers.

The best example of how a strong public/private partnership can perform successfully is the Crisis Resource Center (CRC) model.

The CRC model is a community-based psychiatric crisis intervention program that provides "recovery focused" assessment, stabilization, psychosocial groups and peer support for persons living in Milwaukee County. While inpatient hospitalization costs at BHD run $1364 per day, the CRC model provides this service for about $450 per day.

At roughly one third the cost of service, by working with the private sector to increase capacity in facilities operating based on the CRC model, the county could generate a substantial amount of savings that could be reinvested in expanding other badly needed community support services. Without the continuum of care provided by these community support services, a downsizing of BHD will not be possible. The Facility Committee supports efforts by BHD and CRC staff to negotiate sustainable funding for the existing CRC with the State of Wisconsin.

Based on the urgency to improve mental healthcare for our residents and the need to maximize the efficiency and effectiveness of our mental healthcare dollars, there is some concern on the timeframe for creation and execution of the implementation plan. The resolution referenced above does not include a deadline for completion of the work required by the Mental Health Redesign Task Force. Furthermore, by directing that "quarterly reports" be given to the Board, the resolution gives the appearance that time is not of the essence in this matter. Over the past two decades, two rather in-depth studies of BHD produced reports containing several detailed recommendations for improvements that have gone largely undone. This committee firmly believes that further delay of improvements cannot be tolerated.

Task 2: Utilize, reassess, and update previously gathered information regarding BHD Space Needs to provide preliminary cost analysis of the cost to build a new facility on the County Grounds.

On the surface, the directive for this committee to provide a preliminary cost analysis of the cost to build a new facility seems like a rather straightforward task. There is plenty of data available on which to base a construction budget. But as testimony was received and work progressed, it became clear that this was not going to be as cut and dried as it appeared.

The primary reason for adopting the resolution that formed this committee is to improve the quality of mental healthcare available to Milwaukee County residents. In order to successfully achieve this goal, it must first be determined which services are best performed by the county and which services are best performed by the community. Only after this assessment is complete, and a new service delivery model is adopted, can a determination of the size, design and ultimate cost of a new facility be reached.

With this understanding, the committee endeavored to formulate a cost analysis of building a new facility based on a purely hypothetical model. DHHS staff spent countless hours arriving at a scenario making this possible by first hypothesizing on space needs. Once this was complete, a professional architect was used to formulate a likely design and develop a construction cost estimate.

a. Summary of Hypothetical BHD Space Needs
   Throughout the course of the Facility Committee's deliberations, DHHS presented a hypothetical model of care, which would significantly decrease the number of inpatient beds at the BHD Facility, and ramp up community services to support individuals with mental illness in their homes. Below is a chart comparing the current BHD Facility capacity with the Hypothetical Mental Health Facility Downsizing Model.

BHD Service	Current Capacity	*Hypothetical Model Capacity
Inpatient Acute Units (Adult)	4, 24-bed units; 96 total beds	2, 24-bed units; 48 beds
Inpatient Acute Units (Child and Adolescent)	1, 24-bed unit; 24 total beds	0 units (BHD PCS would only assess children—there would be no inpatient beds)
Rehabilitation Central	3, 24 bed units; 70 total beds	1 unit with approximately 24 beds, or fewer
Hilltop Rehabilitation Center	3, 24 bed units; 72 total beds	1 unit (or 2 smaller units) with approximately 24 beds
Psychiatric Crisis Observation Beds	18 beds	24 beds
Total Nursing Home/Inpatient Beds	280	120
Facility Square Footage	Current Bldg: 590,986 square feet	Hypothetical Bldg: 200,000 square feet

*The information summarized in the chart above regarding the number of beds needed in a BHD downsize hypothetical model is explained in more detail in a chart prepared by DHHS staff. See Attachment 1 for details.
**A preliminary schematic depicting what a building built to support the hypothetical model capacity is also attached.

b. Summary of cost analysis:

1. Capital Costs (Facility—only)
   Zimmerman Architectural Studies put together an initial design for a hypothetical new facility, based on the assumptions presented to the committee by BHD. The design includes the following:
   - Location: Facility built on 10 to 13 acres of County owned lands on the County Grounds
   - Facility Size: Approximately 200,000 square feet
   - Included:
     - 96 long-term and inpatient beds and 24 observation beds
     - Approximately 140,000 square feet patient areas (patient units, support services, day treatment)
     - Approximately 60,000 square feet medical office building (4 story) including 300 offices/cubes, which was based on the percentage decrease in the number of patient beds
     - Patient Care/Hospital layout is a one story complex with 24 beds per unit
     - Some expansion/swing space to be used as needed

The chart below summarizes the cost estimates for the Facility. According to Zimmerman, the price per square foot range estimate would be $200-$242.

	$200/sq.ft.	**$242/sq. ft.**
Construction Costs for Building	40,000,000	48,400,000
Owners Contingency (10%)	4,000,000	4,840,000
Architectural Engineering Fees (6.5%)	2,600,000	3,146,000
Reimbursable Expenses	210,000	248,000
Site Preparation**	1,393,000	1,393,000
Land-County Grounds	0	0
Information Technology	600,000	600,000
Patient Furniture*	0	0
Office Furniture	360,000	360,000
Moving Cost	200,000	200,000
TOTAL COST	**$49,363,000**	**$59,187,000**

Detailed costs:

- *Patient furniture not included. BHD staff will look at this more based on on-going furniture replacement initiative at BHD.
- **Site preparation: estimated at $1,393,000 (included above)
    - Parking (450 surface spaces) islands, access roads, curb and gutter and a majority of the landscaping
    - ¾ acre detention pond (storm water management)
    - Storm sewer and laterals to pond
    - Manholes and catch basin
    - Sewer line addition based on the length of the run
    - Loop water system (two water sources) for hospital code

The committee recognizes the fact that the final decision on whether the county proceeds on building a new facility on its own may ultimately be driven by cost; can we afford it?

2. Proposed Financing:

Milwaukee County's Capital Finance Manager presented the Facility Committee with a sample debt service scenario to fund the construction of a new behavioral health facility through the Milwaukee County Capital Budget.

Estimating that it would cost $55 million to construct a new behavioral health facility (the mid-point of the construction cost range provided by Zimmerman); the debt service schedule prepared resulted in annual payments of approximately $4.5 million with a total estimated debt service of approximately $90 million. (Using the high

point of the range, $60 million, would yield $5 million in annual payments, and approximately $100 million total).

According to the Capital Finance Manager, if the County were to borrow $60 million to construct a new behavioral health facility and continue its current debt management practices, it would need to refrain from borrowing for the years 2012 through 2014 for other capital needs or lift the self-imposed borrowing cap for 2012 and 2013 to allow for additional borrowing of up to $30 million each year based on the hypothetical model to fund the new hospital.

The existing facility is old, outdated and costly to operate. The committee recommends that any new facility that is built be done utilizing "green design standards" to maximum extent possible.

Due to the size and scope of a construction project of this magnitude, and considering the relatively high unemployment rates in certain parts of Milwaukee County, the committee further recommends that the current requirements for DBE participation on county contracts be enforced, and encourages achievement of the county residency goal.

3. Operating Cost Savings:

DHHS presented the following estimated operation cost savings associated with the downsizing of the current facility and the construction of a new, smaller behavioral health facility. These estimated savings are included strictly as a means of highlighting the financial advantages of operating in a new facility. It is recommended that these funds not be deducted from the overall BHD budget but rather be redirected into expanding community support services.

Cost	Potential Savings for New Building
Utilities, skilled trades, general maintenance, grounds, fire protection, material, security, and housekeeping (17.43/sq. foot)	$6.8 million*
Anticipated 20 percent staff reduction	$13 million
Total	**$19.8 million**

*This figure does not take into consideration the use of energy efficient building materials, and therefore is likely on the conservative side.

As stated previously, this cost analysis is based on a ***purely hypothetical model***. The final size, design and ultimate cost of a new facility will be determined by the services continued to be provided directly by the county. As such, the committee strongly recommends that prior to moving forward with spending any funds to begin planning and constructing a new facility, the Board must first determine what the redesigned mental healthcare system will look like.

Upon approval of the redesign plan, if the Board determines that a new hospital is unaffordable, as an option to building a new hospital on its own, the county could:

a. Make cost effective use of excess capacity among providers who are currently providing services to Milwaukee County. The HSRI report indicated excess bed space is already available within the community. Partnering with these providers could offer a more affordable solution and better patient care than a large hospital setting, even one that is reduced in size from the current 280 bed facility.
b. Convert to a care delivery model that provides these services in Community Based Residential Facilities (CBRF) of sixteen beds or less as proposed in the Holloway Plan. This model also offers potential for increased federal reimbursement dollars for the county.
c. Contract with a private provider to build and lease for the county to operate or build and operate for the county a new facility on the county grounds.

<u>Task 3:</u> Provide possible locations on the County Grounds for a new facility

The following three sites were presented to the committee as possibilities for the construction of a new behavioral health facility.

A. The current BHD Facility Site

Pros: The site has convenient freeway access. It is also familiar to consumers and others who are currently utilizing services at BHD. There are up to $20 million in encumbrances on the current facility, associated with the clearing of the site for sale. Rebuilding on this site may mitigate the need to completely clear the site, allowing those debts to be reworked into a new facility, and preventing the county from having to come up with the funds to pay them off.

Cons: Rebuilding on the same site of the existing hospital could pose challenges and additional costs to continue providing services without interruption. This is also a valuable site and could produce revenue that could be used to defray the cost of a new facility or be put into a trust fund which could provide a steady stream of revenue that could be used to help pay for mental health services in the future.

B. The site off of Wisconsin Avenue, between 92nd Street and the freeway, which is currently part of the Children's hospital lease though it is not currently being used by Children's.

Pros: This location has good freeway access as well as a direct route to downtown. Many other bus lines feed into Wisconsin Avenue making this site easily accessible. While it is on the border

between the City of Milwaukee and the City of Wauwatosa no zoning changes would be required.

Cons: The site is currently under lease to Children's Hospital and the county would have to negotiate taking possession of this site back from them. It is unknown if Children's Hospital would be receptive to this idea, and if so what if any compensation would they be looking for.

C. The site north of the Ronald McDonald House site and next to the power plant (there is a food service building in that area currently and it has also been used as an unofficial dog walking site)

Pros: The land here is unused and completely under the control of Milwaukee County. It is likely a less valuable piece of land because of its location than the current site and the county would not have to rework any existing leases as with the Wisconsin Avenue site.

Cons: It is set back quite a distance from Watertown Plank Road. It may not provide the most aesthetically pleasing atmosphere to BHD users as it would be tucked away behind the Ronald McDonald House and near the power plant and food service buildings.

Based on a review of the information listed above, the committee recommends that any new facility that may be built should be located at site B listed above.

Task 4: Recommend other funding sources and a timeline for this project

- Funding Sources:

Financing provided through the Milwaukee County Capital budget program is discussed above under Task 2. The Facility Committee recommends the development of an internal finance team or "Workgroup" consisting of staff from the Behavioral Health Division, Department of Administrative Services, County Board, and Department of Audit to assist in finance planning. As part of their finance planning, the aforementioned workgroup shall research other public and private psychiatric hospitals that have recently built to provide project timeline and funding sources.

The resolution (File No. 10-322) that created the New Behavioral Health Facility Study Committee sets aside the remaining portion of the approximately $12.5 million in capital funding that was approved in the 2010 BHD budget. As of the date of this report, approximately $10.7 million is available for use.

A potential partial funding source could be the sale of the existing BHD land. At the May 10, 2010 meeting of the Facility Committee, the committee voted 5-0 on a motion directing the

Milwaukee County Real Estate Services Division to prepare a current appraisal of the BHD facility land.

The vast majority of counties in this state do not operate their own mental healthcare hospitals. While Milwaukee County partners with local private providers for some inpatient care, the current arrangement allows for those providers to "cherry pick" the patients they want, leaving the county to serve the most acute patients and those without a payer source. While this partnership has successfully addressed the concerns of local law enforcement agencies over the admittance time to PCS, it has also exacerbated the financial strain on BHD's operating budget. An alternative to the County building its own facility would be having the hospital built by a private developer. This approach would allow the county to resume capital bond borrowing in 2012 through 2014 for other needed projects that would likely be delayed if the county borrows to build a new mental health facility.

- Timeline:

The Facility Committee is concerned about the timeline for this project. As previously mentioned, the County Board recently adopted policy (File No. 11-173/11-284) directing the creation of a Mental Health Task Force to redesign the Milwaukee County mental health system and provide the County Board with a data-driven implementation plan. It is estimated that it will take six months after assembled for the Mental Health Task Force to pull together an implementation plan, and another 18-24 months to fully implement it.

Construction of a new facility is estimated to take 24-36 months and can be completed simultaneously to the implementation of the Redesign Task Force plan.

Task 5: Obtain and analyze other information

The Facility Committee requested a chart from DHHS depicting the trade-off in services related to downsizing—specifically, if BHD loses 50 inpatient beds, what is the estimated need in the community to replace services for those individuals and what does that cost.

According to DHHS, the Mental Health Redesign Task Force will be working to determine the specific resources needed as it begins its work to move various recommendations regarding Milwaukee County's mental health service system forward. The specifics of any community-based services may be redefined through the work of the Task Force, therefore all estimates below will need to be refined accordingly.

Below is a summary of the potential services needed in the community and their current costs per slot:

Needed Community Services	Assumptions	Rough cost estimate
Relocation Initiatives		
Specialized community based residential slots w/ supportive services **for Hilltop**	Based on a Disabilities Services Division (DSD) analysis of the cost of community-based services for 7 individuals relocated from Hilltop from 2008 to 2010 and 54 individuals living in the community during 2009 who formerly resided in an ICF/MR, the average annual cost of care is $58,794. Estimates include a 10% cost increase to account for increased costs, inflation and acuity. The costs include an average annual cost of $42,192 for residential services including CBRF, Adult Family Home and Support Apartments and $16,601 for other supportive services including case management, day center services, counseling and therapeutic resources, daily living skills training, pre-vocational services and transportation.	Residential Care: 48 individuals x estimated annual cost of $64,673 for a total of $3,104,309 Specialized CSP including Home Health - $11,054 x 48 = $530,592 Total: $3,634,901
Specialized community based residential slots w/ supportive services **for Central**	Based on a BHD analysis of the cost of community services for 21 individuals relocated from Rehab Central from 2006 to 2011, the average annual cost is $43,885. In addition to residential care, these clients will need intensive services including day and specialized CSP services. Estimates include a 10% cost increase to account for increased costs, inflation and acuity.	Residential Care: 48 individuals x estimated annual cost of $48,273 for a total of $2,317,128 Specialized CSP including Medical Services - $11,054 x 48 = $530,592 Day Services - $73,320 x 48 = $3,519,360 Total: $6,367,080
Enhanced Community Services		
Targeted Case Management (TCM)	The TCM and CSP gross cost estimate was obtained by using the average gross unit cost from all BHD-funded community providers based on 2011 cost estimates submitted by each agency. The number of slots is based on average referrals to these programs from within	100 slots x $4,035 = $403,500

	BHD.	
Community Support Program (CSP)	See above.	100 slots x $11,054 = $1,105,400
Supported Employment	Based on initial estimates from the State for 1915i services	100 slots x $11,960 = $1,196,000
Community Linkage and Stabilization Program (CLASP)	This program provides Peer Specialists within a community-based program to individuals discharged from Acute Inpatient or Crisis Services. The program is focused on individuals not connected with CSP or TCM programs.	500 slots x $2,600 = $1,300,000
Peer Specialists	Enhance TC, CSP and other community support services by embedding Peer Support Specialist with existing services	20 FTE x $42,120 annual salary (inc. benefits) = $842,400
Outpatient Mental Health services	Enhance TCM, CSP and other community support services by embedding Peer Support Specialist within existing services.	1,500 slots x $2,885 = $4,327,500 (including medication)
Enhanced Crisis Services		
Enhanced community-based crisis capacity, including crisis respite beds, crisis response team, and high intensity crisis capacity	Estimated additional funds needed to support more crisis beds, another mobile crisis team and high-intensity crisis capacity	Additional Crisis Resource Center = $800,000 Additional Respite Center for DD/MI= $650,000 Fully fund existing Crisis Resource Center= $300,000
Increased capacity in the Observation Unit and Day Treatment to serve more individuals, particularly with higher acuity		The cost of any increased capacity at BHD has been incorporated into earlier reports regarding the costs of any new, downsized facility based on the hypothetical model
Increased crisis capacity, including crisis care management & mobile crisis team	Move to a 24-hour operation and add an addition team with clinical support. Staffing to include psychiatry, psychology, other clinician staff and transfer nurses. This initiative will also support relocation initiatives and the DD/MI population.	$2,950,000
Infrastructure and Systems Support		
Increase quality assurance	2 positions	$220,000
Increase legal consultation	1 position and some outside consultation	$250,000

TOTAL ESTIMATE:		**$24.3 Million**

All enhanced community and crisis services include anticipated programming for the relocation and downsizing efforts, including Hilltop and Central.

It should be noted that some of these costs could be offset with other revenue such as Medicare, Medicaid, Family Care and private insurance. This would be dependent on eligibility and also on the State and Federal budgets.

CLOSING SUMMARY

Milwaukee County cannot continue to operate a 280 bed mental health facility. The current building is too large and must be downsized. The present model of care is financially unsustainable and the Facility Committee agrees that the county can better meet the needs of the clients in a less costly, patient-centered model of care provided in the community.

Over the past year, several committees consisting of various county and private providers along with consumers and advocates have spent hundreds of hours assembling multiple reports containing recommendations, all with the primary goal of improving the delivery of mental health services to the community. The Facility Committee firmly believes that these recommendations, unlike those of past workgroups whose recommendations have largely gone ignored, must be implemented at once. The County Board can no longer tolerate further delay.

In order to understand the financial impact building a new facility would have for Milwaukee County, this report was based on a hypothetical 120 bed hospital. Ultimately, the size of the new BHD facility will be determined on the amount and type of services the county will continue to provide. This is best determined by first discovering what the community can provide and then building a county-run model that will focus on providing the services otherwise not available in the community. All services, whether community or county provided, must be based on a patient-centered model of care.

In order to best achieve the recommended outcome, the Facility Committee recommends the following action plan:

The Mental Health Redesign and Implementation Task Force should review all the recommendations from the various reports presented over the past year to determine the best care practices available and then build a delivery of care model based on those practices. Final recommendations should be presented to the Health and Human Needs Committee during the December 2011 meeting cycle.

The Interim Director, DHHS, shall issue Requests for Proposals (RFPs), renegotiate existing contracts, and/or realign county-provided inpatient care as needed to make immediate improvements, including the reconfiguration of acute adult inpatient units, to create a 12-bed Intensive Treatment Unit (ITU), a combined Women's Option /Med-Psych Treatment Unit, and two remaining mixed gender units designated as General Acute Treatment Units, and the creation of a "children's suite" in PCS with a separate outside entrance, consistent with adopted resolutions and county planning efforts, with submission of contracts to the Health and Human Needs and Finance and Audit Committees by the December 2011 cycle of the County Board.

Simultaneously to the Mental Health Redesign and Implementation Task Force's work, the Department of Health and Human Services should issue an Request for Information (RFI) based on (File No. 11-197/11-323) to determine what capacity presently exists in the community and how it can be successfully incorporated into the new delivery model, and shall provide the information obtained through this process to the Mental Health Redesign and Implementation Task Force for the development of follow-up RFPs, contract revisions, and other system changes as recommended by the Mental Health Redesign and Implementation Task Force and approved by the County Board. DHHS is authorized and directed to issue RFPs on behalf of the Mental Health Redesign and Implementation Task Force's work for the development of a community-based delivery model, and provide an update to the Health and Human Needs and Finance and Audit Committees by the January 2012 County Board committee meeting cycle regarding the outcomes of the RFP process, including consideration of any resulting contract changes as soon as possible.

The Interim Director, DHHS, shall also report back to the Health and Human Needs and Finance and Audit Committees in the January 2012 County Board committee meeting cycle with recommendations related to the option of Milwaukee County constructing, owning and/or operating an inpatient facility on the County Grounds and how these options would tie into the broader system of redesign of mental health services; this report shall include recommendations as to the preferred level of continued inpatient care to be provided at the new facility, inpatient care services that are recommended for community-based inpatient or alternative community-based care, recommendations regarding the future use of the current BHD facility, and potential options for financing the recommended services.

The Architectural, Engineering and Environmental Services Division is authorized and directed to issue an RFP for architectural design services for the new facility, the results of which shall be included in a report submitted to the Committees on Health and Human Needs and Finance and Audit in the March 2012 County Board committee cycle. Funds remaining in the allocated contingency fund within Capital Funds (WE033) shall be used to pay for these services.

Report Attachments

1. Hypothetical Mental Health Facility Downsizing Model Chart and Building Schematic
2. New Behavioral Health Facility Committee Meeting Summary Chart
3. Map of the County Grounds with potential facility sites marked
4. File No. 10-322